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FACSIMILE TRANSMITTAL

TO:Name: Mail Stop AMENDMENT
Group Art Unit 3738
Examiner David H. Willse

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/674,971
Gary K. Michelson

Filed: September 30, 2003

METHOD FOR INSERTING AN INTERBODY
SPINAL FUSION IMPLANT HAVING AN
ANATOMICALLY CONFORMED TRAILING END

Attorney Docket No. 101.0059-02000

Customer No. 22882

Confirmation No.: 4939

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-0700

No. of Pages (including this): 14

Date: March 17, 2009

Confirmation Copy to Follow: NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; total amount of \$490.00 to cover the two-month extension fee is to be charged to Deposit account No. 50-3726) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 17, 2009.


Sandra L. Blackmon

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MAR 17 2009

FORM PTO-1083

Attorney Docket No.: 101.0059-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/674,971

Filed: September 30, 2003

For: METHOD FOR INSERTING AN INTERBODY
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Confirmation No.: 4939

Art Unit: 3738

Examiner: David H. Willse

Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated October 17, 2008 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a two-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

TOTAL HAS BEEN CALCULATED AS SHOWN BELOW:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	31	-	49	**	0	LG=\$62 SM=\$28	\$62	\$ 0
INDEPENDENT CLAIMS FEE	2	-	4	***	0	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$390 SMALL ENTITY FEE = \$195		\$ 0
TOTAL								\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$490.00 to cover the two-month extension fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 17, 2009

By: 

Thomas H. Martin

Registration No. 34,383

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

Telephone: (330) 877-0700

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Transmittal of Amendment.DOC

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TOTAL CLAIMS FEE	31	-	40 **	0	LG=\$52 SM=\$28	\$ 0
INDEPENDENT CLAIMS FEE	2	-	4 ***	0	LG=\$220 SM=\$110	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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